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January 28, 2015

Federal Election Commission

999 E Street, NW

Washington, DC 20463

RE:

Virginia Society for Human Life

Political Action Committee

ID # C00155184

This is to advise you that effective January 20, 2015 I changed my place of residence. The enclosed amended FEC Form 1 "Statement of Organization" reflects this change and also lists my new telephone number. Pages 2 and 4 were not affected by this change and are not submitted.

Sincerely,

William A. Fastabend

William a. Ja

Treasurer

TISON - TNO MOON

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MSEC MAIL CENTER
VIIRGIINIIA ISO	CIETY FOR	HUM AN LIF	Ē.,,,,,,,,
POLITICAL	ACTION CON	MMITTEE	
ADDRESS (number and street)	6767 FORE	SIT HILL AV	ENUE
(Check if address is changed)	SUITE 270		
	CITY A		✓ A 23225- STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS		
(Check if address is changed)	Vsh167@C0,	ncast, net	
	Optional Second E-Mail Add	ress	1
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)	ORG	·
2. DATE OI Z:	8 2015 JMBER ► CO	0155184	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	WILLIAM	A. FASTABEN	1D
Signature of Treasurer	William a.	Fastation	Date 0 1 28 2015
NOTE: Submission of false, errone		nay subject the person signing ON SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ontact: FEC FORM 1

1	FEC Form 1 (Revised 0	02/2009)	Page 3			
V	/rite or Type Committee Name					
6.	Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor			
1		<u> </u>				
L						
	Mailing Address					
	•		1 1 1 1 1			
			1-1			
		CITY STATE ZIP	CODE			
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor			
	نت	Carl Gall				
7.		ntify by name, address (phone number optional) and position of the person in posses	sion of committee			
	books and records.					
	Full Name					
	Mailing Address					
	Title or Position	CITY STATE ZIP	CODE			
	1		1 1			
			1			
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of			
	Full Name of Treasurer WILLIAM A FASTABEND					
	Mailing Address	1.400 ENTERPRISE DRIVE	<u> </u>			
ARTISI36						
		LYNCHBURG VA 2450	2			
	Title or Position	CITY STATE ZIP	CODE			
	TREASURER	Telephone number 434-23	7-10957			

Fastabend rprise Drive

;; VA 24502

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